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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional) 055123.P086R
I hereby declare that: The residence, mailing address and citizenship of the inventors are stated below. I am authorized to act on behalf of the following assignee: <u>Maxim Integrated Products, Inc.</u> and the title of my position with said assignee is: <u>Vice President</u> The entire title to the patent identified below is vested in said assignee.		
Inventor <u>Gregory L. Schaffer</u>	Citizenship USA	
Residence/Mailing Address <u>10190 Byerly Court, Cupertino, California 95014 USA</u>		
Inventor	Citizenship	
Residence/Mailing Address		
<input type="checkbox"/> Additional inventors are named on separately numbered sheets attached hereto.		
Patent Number <u>5,870,296</u>	Date of Patent issued <u>February 9, 1999</u>	
Title of Invention <u>Dual Interleaved DC to DC Switching Circuits Realized in an Integrated Circuit</u>		
I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled: <u>Dual Interleaved DC to DC Switching Circuits Realized in an Integrated Circuit</u> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>Feb. 8, 2001</u> as reissue application number <u>09/781,120</u> and was amended on <u>10/10/2001; 11/29/2001; 2/25/2002</u> (if applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.		
I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)		
<input type="checkbox"/> by reason of a defective specification or drawing.		
<input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent.		
<input checked="" type="checkbox"/> by reason of other errors.		

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS; SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 055123.P086R	
At least one error upon which reissue is based is described as follows: Assignee believes the original patent to be partially inoperative or invalid in that the last paragraph of the original claim is required that "the current sense circuit" be part of the "single integrated circuit", yet a "current sense circuit", its structure or its function are not defined in the claim.			
[Attach additional sheets, if needed.]			
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.			
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith. Name(s) Roger W. Blakely, Jr. Registration Number 25,831			
Correspondence Address: Direct all communications about the application to: <input checked="" type="checkbox"/> Customer Number 08791 → Place Customer Number Bar Code Label Here OR Type Customer Number Here			
<input type="checkbox"/> Firm or Individual Name			
Address			
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City	State	Zip	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Pirooz Farvarandeh			
Signature 		Date 8/27/02	
Address of Assignee 120 San Gabriel Drive, Sunnyvale, California 94086 USA			

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